COLL CHELLICE



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence or post office address, and citizenship, are as stated below next to my name and signature.

I believe I am an original, first and sole inventor, if only one name is shown below, or an original, first, and joint inventor, if more than one name is shown below, of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD FOR PROTECTING AND RESTORING SKIN USING SELECTIVE MMP INHIBITORS, the specification of which is filed herewith.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

POWER OF ATTORNEY — As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith: Hopgood, Calimafde, Judlowe & Mondolino, LLP, a firm consisting of Roy C. Hopgood, Reg. No. 15,245; John M. Calimafde, Reg. No. 16,895; Stephen B. Judlowe, Reg. No. 21,049; Dennis J. Mondolino, Reg. No. 27,148; Ira B. Winkler, Reg. No. 29,223; James M. Bollinger, Reg. No. 32,555; Brian P. Murphy, Reg. No. 34,986; and Bradley N. Ruben, Reg. No. 32,058.

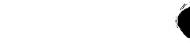
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Bradley N. Ruben (212) 551-5000 x4081

Full name of inventor or first joint inventor: James Varani, Ph.D.



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

James Varani Date: <u>Dec 18, 2000</u> Citizenship Univ. Michigan, Dept. Pathology P.O. Address/Residence 1301 Catherine, MedSci I Ann Arbor, MI 48109 Full name of second joint inventor: Gary J. Fisher, Ph.D. Inventor's Signature _ Date: US Citizenship P.O. Address/Residence Univ. Michigan, Dept. Dermatology 1150 West Medical Center Drive Ann Arbor, MI 48109 Full name of third joint inventor: John J. Voorhees, M.D. Inventor's Signature _ Date:_ US Citizenship P.O. Address/Residence Univ. Michigan, Dept. Dermatology 1910 Taubman Center

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FU - Inventor's Signature

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Full name of inventor or first joint inventor: James Varani, Ph.D.

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